

**EIGHTH REPORT**  
**OF**  
**THE LUNACY COMMISSION,**

TO HIS EXCELLENCY  
THE GOVERNOR OF MARYLAND,

DECEMBER 1, 1893.

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# THE LUNACY COMMISSION.

STATE OF MARYLAND.

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# EIGHTH ANNUAL REPORT.

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*To His Excellency, FRANK BROWN,*

*Governor of the State of Maryland.*

In obedience to the requirements of the law, the Lunacy Commission beg leave to submit to your Excellency the annual report of its labors, being the eighth since the establishment of the Commission.

Their report will show to the people that great advancements have been made in the care and treatment of the insane, feeble minded and idiotic, and particularly much has been done in the past year.

From the comprehensive report of the Secretary, it will be seen that the required number of visits have been made to the various institutions for insane, including almshouses, and as far as could be ascertained the institutions have been conducted in a satisfactory way. In none of them was any one confined or deprived of liberty who was not insane, though our Secretary mingled freely with

the patients and explained his mission and the authority of the Lunacy Act.

In regard to modes of restraint and the treatment of the insane, except in the case of two suicidal and homicidal persons confined in almshouses, no one has been restrained by means of manacles. The insane apparently have been well clothed and fed, and the attendance upon them fairly good.

In all instances where recent cases of insanity were found at almshouses or prisons, measures were promptly taken to have them removed to hospitals exclusively for the insane. Twenty meetings have been held during the year, one being by request of your Excellency to examine into the mental condition of a colored man who was under sentence of death for crime, but in whose case there arose a question as to his sanity. Seventy-five persons have been removed from jails and prisons through the intercession of the Lunacy Commission.

There are now in the different institutions for insane, including almshouses, 3,150 persons who come within the Lunacy Act, about 1,800 of these being indigent cases, and as far as can possibly be ascertained, there are 400 insane who are unprovided with hospital accommodations. Of the 3,150, 550 are colored, most of whom have no special care



bestowed upon them. The increase in the number of the colored insane has been 50.

The Lunacy Commission most earnestly appeals to your Excellency (as it has heretofore done to your predecessors), that you recommend that an appropriation be made for the erection of an hospital for the care and treatment of the indigent insane of this State; and that in making this appropriation a sufficient sum be allowed to enable the State to assume the expenses in maintaining said indigent insane. We make this latter suggestion : First, Because all the other States take care of their insane paupers ; Second, Because the system now in vogue of providing for this class of insane at almshouses is not only unwise, but the chances of recovery are much less than when treated at hospitals for the insane. Further, with possibly three exceptions the counties are unable to support this class of its poor.

#### SUGGESTIONS.

We desire to iterate some suggestions made in our last report concerning the necessity of two buildings—one a Reformatory for moral weaklings, the other a Home for Epileptics.

#### REFORMATORY.

A reformatory or sanitarium for the reformation and rehabilitation of the tramp, the bum, the

moral weaklings, and the chronic inebriate, should be erected by the City and State jointly. Labor would be the most important factor in this plan of reconstruction, and a truck farm of five or six hundred acres on the Patapsco river, or on the bay, would yield, if properly worked, sufficient revenue to support such a sanitarium. Persons sent to this reformatory, should be committed under the indeterminate sentence, a law which acts admirably in some other States.

#### EPILEPTICS.

A still greater need than the institutions before-mentioned, is a home for epileptics. These unfortunates are the most helpless of beings, and are entitled to the utmost care and solicitude. There is now no place of shelter for them, save the almshouses of the counties and Bayview Asylum. There are now more than one hundred applications for admittance on file at the Home of Feeble-minded, Owings' Mills, by the parents of epileptics. These cannot be admitted for obvious reasons. There should be a building erected solely devoted to the care of this class, entirely separate and apart from the feeble-minded, but under the charge of the same Board. Inasmuch as there is a large farm at Owings' Mills, no purchase of land would be necessary, and a building could be erected at a very small cost to the State. The Commission would respectfully urge



your Excellency to call the attention of the Legislature in your next message to this important matter.

#### INEBRIATES AND INSANE.

The mingling of inebriates with the insane is one of the great evils which exists in several of the asylums, owing to the want of proper institutions for the care of both classes. Spring Grove Asylum will not receive inebriates, but the private asylums do not feel justified in refusing to receive these unfortunates. Is it not possible for the State to make some provision in the future for their treatment and care?

#### DETENTION HOSPITAL.

The need of a detention hospital in which patients believed to be insane, but in whose cases the exact condition cannot be accurately determined, has been urged with some force. The number of such patients in our State is very small, and a separate portion of any of our asylums, or a small annex to a hospital, could be set aside for this purpose. As far as criminals are concerned, in the City of Baltimore, all these cases come under the supervision of the Lunacy Commission, though of course this is not a part of their duties. In the City Jail of Baltimore about twenty such cases occur yearly—many of these prove to be due to delirium tremens, but quite a number are due to delusions of persecution, and a number to religious emotion.

### INSANE CRIMINALS.

It is not right that the honest and virtuous insane should be mingled with vicious and violent criminals who are insane. The number of criminal insane in Maryland is about fifty, seventeen of whom are in Bayview Asylum. The remaining number are inmates of Spring Grove, Montevue Hospital and Sylvan Retreat Asylum. A few harmless ones suffering from chronic insanity are still remaining in the penitentiary. An annex on the cottage plan might be built at a small cost at Bridewell, which if placed under the present management of that institution would involve little additional expense to the State. These people, when not too violent, could be employed usefully on the large farm attached to that reformatory. Fifty cells would be sufficient at the present time.

### COMMITTAL OF THE INSANE TO THE HOUSE OF CORRECTION, JAILS, &c.

We beg to call your attention to a vicious practice pointed out in our last report, viz: the committal of the insane to penal institutions by magistrates. These committals are made solely to obtain fees, and are the source of great annoyance, and in many instances, hardship. No less than twenty-two insane persons were released from the House of Correction during the present year through the agency of the Commission.



## PROTECTION AGAINST FIRES.

The terrible calamities which have occurred by fire in the institutions for the insane during the past few years, render it necessary that an examination should be made of all the asylums of this State, so as to guard against unnecessary loss of life. At Spring Grove Asylum, the Fire Department has been placed in the most excellent condition. There is abundant supply of water, and the hose and other apparatus sufficiently ample for the protection of the buildings.

There should be a body of men composed of the inmates of asylums organized and drilled in every institution as firemen, who would be fitted in an emergency to act promptly and efficiently in putting out fires. The patients themselves would take a pride in an organization of this kind, and the exercise and drilling would have a beneficial and curative influence.

## INCREASED INTEREST IN THE INSANE.

A largely increased interest has been manifested in the cause of the insane in our State since the last meeting of the Legislature. The Medical and Chirurgical Faculty at its late meeting at Annapolis, which was attended by many of the most enlightened medical men of the State, devoted a whole day to the subject, and two very valuable papers,

historical and statistical, which are subjoined in this report, treating the whole matter, were read, and discussed.

A large committee was appointed to memorialize the Legislature at the coming session of that body.

A second meeting of the Superintendents and other officers of institutions having the care of the insane and feeble-minded was held, and many suggestions were made by these intelligent gentlemen for the betterment of the unfortunates confided to their care. A third meeting was held at the City Hall, in Baltimore, and a committee of prominent citizens appointed to wait on your Excellency and urge you to use your great influence to secure necessary legislation for the care of the indigent insane of Maryland. All these efforts tending to the same point, must show to your Excellency that there is an imperative necessity for early action on the part of the Legislature.

#### WORKINGS OF THE COMMISSION.

When the Lunacy Commission was first instituted there was a fear expressed by some of the managers of asylums that there might be some friction between the Commission and these gentlemen, but that fear has been entirely dissipated. The workings of the Commission have been entirely pleasant and harmonious, and no single circum-



stance has arisen to cause controversy or judicial interference.

#### CHANGES IN THE BOARD.

During the year the removal of Dr. Chancellor to another field of action abroad necessitated his resignation, and the vacancy was filled by the appointment of Dr. Samuel C. Chew. Dr. Chancellor's services were very valuable to the Commission on account of his experience and general ability, and whilst the remaining members of the Board regret his resignation, they congratulate the State on the appointment of so able a man as Dr. Chew as his successor.

#### CONCLUSION.

In conclusion, we desire to commend the services of our Secretary, who has most assiduously carried out the duties required of him by the Lunacy Act.

Very respectfully,

JOHN MORRIS,

*President.*



# The Secretary's Report.

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The following is a resume of the Secretary's work submitted to "The Lunacy Commission:"

## MARYLAND HOSPITAL FOR THE INSANE.

(Spring Grove.)

On every inspection this hospital was found to be maintained in a most excellent manner, the care and comforts of the insane being well looked into. Everything was in thorough repair, and the ventilation of the building good; the bath and water-closets, lately reconstructed, were free from odor.

The cottage, formerly reported, for chronic insane, was free from fault as to neatness and order, and seemed to be doing good work. Besides this, several tents had been used with advantage during the summer months, not only for the sick, but also to relieve the overcrowded condition of the main building.

The fire department has been perfected during the past year at this hospital, and its merits successfully tested at the time of one of our visits.

The average number of inmates is as follows:—  
 White males, 208; white females, 190; total, 398;  
 colored males, 29; colored females, 24; total, 52.  
 Grand total, 450.

For statistics in detail see Appendix A.

Medical Superintendent—Geo. H. Rohe, M. D.

First Asst. Physician—Dr. J. Percy Wade.

Second Asst. Physician—Dr. Milton D. Norris.

Clinical Assistants—Dr. W. L. Babcock.

Dr. F. M. Clarke.

Stewart—S. Thomas Brown.

Clerk—John S. Graham.

### MT. HOPE RETREAT.

(Five miles from Baltimore on the W. M. R. R.)

This private institution has been frequently visited during the year, and its halls, bed-rooms, bath and water-closets found well ventilated and faultlessly clean. The water-closets are all new, and constructed on strictly sanitary principles.

Most of the patients were seen on each inspection enjoying out-door sports, and seemed appreciative of the attention shown them by those in charge.

The Sisters of Charity, who conduct the Retreat, have well trained male nurses for the men, but at



the same time it is remarkable to see with what deference the most violent cases treat these sisters.

Insane population were on last visit as follows:—  
White males, 313; white females, 292; total, 605;  
colored males, 2; colored females, 3; total, 5. Grand  
total, 610.

Sister Superior—Sister Catherine.

Attending Physician—Chas. G. Hill, M. D.

Assistant Physician—Frank J. Flannery, M. D.

(For statistics in detail, see Appendix B.)

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## ASYLUM AND TRAINING SCHOOL FOR THE FEEBLE-MINDED OF THE STATE OF MARYLAND.

(Near Owings' Mills.)

This institution has very much increased its usefulness in the past year, especially since the completion of the new building, formerly described.

The number of children now in the school are—  
White males, 28; white females, 28; total, 56.

Increase over last year, 19.

At each visit it gave us pleasure to notice the many useful ways in which these afflicted children

were employed and the great interest evinced by them in their work.

Physician in charge—Dr. B. A. Turner.

President of Board—Dr. J. Pembroke Thom.

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**FONT HILL PRIVATE INSTITUTION FOR  
FEEBLE-MINDED AND EPILEPTIC  
CHILDREN.**

(Located near Ellicott City, Md.)

The general management of this institution has been very complete since our last report.

The Superintendent has well trained attendants, and every attention seems to be given this unfortunate class.

The buildings lately erected are now completely equipped with piano and organ for school drill and entertainments.

Number of inmates—White males, 26; white females, 6; total, 32.

Admissions, 9; deaths, none; removals, 2.

Superintendent—Samuel J. Fort.



## THE RICHARD GUNDRY HOME.

(Situated near Catonsville.)

On the occasion of our visits to this well conducted Home, the patients were enjoying themselves both in and out of doors. Great attention is paid here to diversion of mind, and this forms one of the chief features in treating all the insane cases.

On each inspection of the Home its halls, bedrooms, etc., were free from fault as to neatness and order, a portion of the building has been enlarged, so as to give dining-room accommodation for all patients, and the whole well heated by an improved steam apparatus. Amusements of all kinds are provided, including a fine ten-pin alley.

Proprietress—Mrs. Richard Gundry.

Resident Physician—Richard F. Gundry.

Statistics for the year—White males, 17; white females, 26; total, 43.

Discharged as recovered, 6; improved, 5; unimproved, 1; not insane, 2; transferred to other asylums, 3; total, 21.

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## MATLEY HILL SANITARIUM.

(Situated near Relay Station, B. & O. R. R.)

This private sanitarium is doing good work and has been apparently well conducted during the year.

Most of the inmates, on each visit of inspection, were seen enjoying the freedom of the grounds, and seemed well cared for and contented.

The whole number of insane during the year—  
White males, 28 ; white females, 22.

Number discharged during year as improved, 6.			
“	“	“	unimproved, 1.
“	“	“	cured, 3
“	“	“	died, 2.

Resident Physician—Dr. J. S. Conrad.

Asst. Resident Physician—Geo. N. Riggs, M. D.

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## SHEPPARD ASYLUM.

(A Hospital for Mental Diseases.)

This private asylum, described in full on the occasion of our last report, has been successfully conducted during the past year, and on each inspection its various apartments have been complete in every detail. The trustees and physician in charge (who is also superintendent), seems to leave nothing undone in making this asylum one of the most attractive and elaborate institutions of its kind in this country.

The whole number of patients reported to the office of the Secretary for the year ending November 30th, 1893, was 97.

Of this number, 11 have been discharged as recovered; 8 as improved; 8 as unimproved, 2 of which were sent to other asylums for the insane; 13 as not insane (most of them voluntary cases), and 5 have died.

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### ANNE ARUNDEL ALMSHOUSE.

(Seven miles from Annapolis.)

The last official visit paid to this institution was July 24th, and at that time the only structural improvement noticed was three boarded up rooms in the basement of the main building. The outer-building used for the colored is a disgrace to the county. The county authorities are trying to have a more suitable place for the paupers; but I fear the outlook is not very hopeful. Of the 38 inmates, 25 came under the Lunacy Act. All figures given in connection with reports of almshouses include old cases of dementia and idiocy, also refer to the statistics of the whole year.

White males, 4; white females, 6; colored males, 7; colored females, 8.

These cases were all formerly reported. Whenever any acute case of insanity is sent here, the County Commissioners endeavor to have them sent to an institution for the care of the insane.

Physician—Dr. Thomas Welsh.

State's Attorney—E. C. Grant.



## ANNE ARUNDEL COUNTY JAIL.

On each inspection this jail was found in excellent condition, and Dr. Claud, the Sheriff, deserves favorable comment.

Six cases of insanity were sent from this jail during the year.

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## ALLEGANY COUNTY ALMSHOUSE.

(One mile from Cumberland.)

The usual number of visits have been paid to this almshouse. The County Commissioners having a separate asylum for the insane, do not permit cases of insanity to be received here. The number of inmates was 52.

Harmless cases—White males, 3; white females, 5; colored males, 2; colored females, 3; total, 13.

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## ALLEGANY COUNTY JAIL.

At each visit this jail was carefully inspected and found fairly well conducted.

Five removals.

## SYLVAN RETREAT.

(Allegany County Asylum. County Care.)

This retreat, which is also one mile from Cumberland, is now satisfactorily conducted in so far as the general management of the insane is concerned, but in some parts of the building there is need of better ventilation. The structural improvements made during the year consist of alterations in the male department so as to more properly restrain the violent cases; and also the remodeling the bath and water closets.

Number of insane, 91—White males, 39; white females, 42; colored males, 4; colored females, 6.

Number discharged as improved, 2; unimproved, 3; died, 8; total, 13.

Superintendent—John T. Crawford.

Physician—W. Twigg, M. D.

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BAY VIEW ASYLUM,  
BALTIMORE CITY ALMSHOUSE.

(Department for the Insane.)

This institution now compares very favorably with all the other of our institutions for the care and treatment of the insane. Competent nurses

and attendants have lately been provided by the Board of Trustees, and at the time of our last visit the patients were comfortably clad, and much less noisy than on former occasions, showing the effects of better discipline and competent attendants. The physician in charge is most zealous in the discharge of his duties, and deserves favorable comment.

At the last inspection, the number of insane were as follow—White males, 152; white females, 145; colored males, 28; colored females, 45; total, 370

See appendix C.

Superintendent—C. W. Lewis, Esq.

Physician—R. E. Garrett, M. D.

Asst. Physician—Jas. A. West, M. D.

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## BALTIMORE COUNTY ALMSHOUSE.

(Situated near Texas, N. C. R. R.)

The halls, bed-rooms, etc., of both main building and that occupied by the colored poor were found on each visit satisfactory as to cleanliness and order. Most of the insane formerly reported have been removed from this almshouse. The whole pauper population on the day of my last visit, was 62, twenty-two suffering from mental derangement, as follows :



White Males, 5; white females, 6; colored males, 4; colored females, 7.

Superintendent—John Smith.

Physician—Dr. B. F. Bussey.

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## BALTIMORE COUNTY JAIL.

(Towson.)

During the year, 8 insane cases have been removed. The general management of this jail is good. The insane are often sent here temporarily, on account of the inability of the court to provide for them at once suitably.

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## CECIL COUNTY INSANE ASYLUM.

(Two and a-half miles from Elkton.)

This asylum has been very well kept, but the attendance is entirely insufficient. Its rooms and halls, as a rule, were cleanly and orderly, and the patients were usefully employed; indeed, most of the work of the asylum is done by them.

Number of insane: White males, 22; white females, 24; colored males, 5; colored females, 4; total, 55.

Superintendent—James Steele.

Physician—Dr. P. B. Housekeeper.

The almshouse, near by, had no insane among its inmates.

Eight cases have been removed from the jail.

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### CHARLES COUNTY ALMSHOUSE.

This well-conducted almshouse does not attempt to treat insane cases. They are sent to hospitals for the care and treatment of insanity.

Coming under the Lunacy Act were two white female cases of dementia.

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### CHARLES COUNTY JAIL.

Four insane prisoners were removed from this jail during the past year.

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### CARROLL COUNTY ALMSHOUSE.

(One mile from Westminster.)

The usual number of visits were paid to this almshouse, and while the main building was reasonably well kept, the portion used for the old

feeble-minded men was untidy and very poorly provided with bed-room comforts.

The county authorities have had their attention called by the Secretary to the much needed improvements at this institution.

Of the 47 inmates, 25 were suffering from some form of mental derangement, as follows :

White males, 7 ; white females, 8 ; colored males, 4 ; colored females, 6.

All of these cases were able to do work and were usefully employed.

Superintendent—E. Shaeffer.

Physician—Dr. Leonard Zepp.

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### CARROLL COUNTY JAIL.

Visited, found well kept, but no insane cases to report.

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### CAROLINE COUNTY ALMSHOUSE.

(Five miles from Denton.)

This almshouse, at the time of the last visit, had good attendance, and its inmates were seen recreating or doing farm work, except a few that could not leave their rooms.

The improvements formerly reported have added greatly to the usefulness of this institution.

All the insane here are old cases, formerly reported.

White males, 6 ; white females, 5 ; colored males, 4 ; colored females, 6 ; total, 21.

Superintendent—Edward Stevenson.

Physician—John W. Higgins, M. D.

Attorney—Robert J. Jones.

### CAROLINE COUNTY JAIL.

Inspected this place often during the year ; it has been found free from complaint. Two removed.

### CALVERT COUNTY.

In this county, as no almshouse is provided, the sane paupers are pensioned out and the insane are sent to the various institutions for insane.

### DORCHESTER COUNTY ALMSHOUSE.

(Fourteen miles from Cambridge.)

The general management of this almshouse at our last inspection was much better than on former



occasions, and while no structural improvements had recently been made, the interior of its buildings were cleanly and the inmates free from complaint. The whole number of pauper population was 35. Of these, 22 come under the Lunacy Act.

White males, 5; white females, 6; colored males, 5; colored females, 8.

Superintendent—R. B. Lecompte.

Physician—Dr. Geo. P. Jones.

State's Attorney—Philip P. Goldsborough.

## DORCHESTER COUNTY JAIL.

Not well kept. Three removed.

## MONTEVUE HOSPITAL, FREDERICK COUNTY ALMSHOUSE.

(Department for the Insane.)

This institution is beautifully situated, one mile west of Frederick City, Maryland, and has many advantages as to location, etc. Its halls, bed-rooms and other portions of the building were, on the occasion of our last inspection (November 14, 1893), noticed clean and orderly, if we except the colored department. Here were some very violent criminal cases, as also some who were very filthy in their

habits, all of which would help to explain the defects noticed. Further, this department was overcrowded—in some of the rooms, large enough for one person, three or four would be crowded in; and the superintendent finds much difficulty in obtaining proper help to attend to colored insane.

The Board of Charities, who have control over this hospital, deserve much credit, both for their vigilance in the general management of Montevue, as also the great charity done by them in receiving this unfortunate class of insane, who would have otherwise been deprived of hospital treatment, as all the other institutions for the insane are overcrowded.

Number of insane inmates as follows—White males, 56; white females, 49; total, 105; colored males, 44; colored females, 38; total, 82. Grand total, 187.

Number discharged as cured, 5; improved, 11; died, 7; total, 23.

Superintendent—L. C. Derr.

Physician—Dr. F. B. Smith.

Clerk—R. B. Tyler.

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Jail of this county has been well looked after, and its inmates made comfortable.

Three removals.



## GARRETT COUNTY.

Garrett County provides for nearly all its insane at Sylvan Retreat, Allegany County.

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## HARFORD COUNTY ALMSHOUSE.

(Two miles from Belair.)

With two exceptions all the inmates were seen, at the time of our visit, recreating on the grounds or working on the farm. All were fairly clad, excepting some of the colored male paupers, who were so destructive, that it was impossible to keep them properly clothed.

The interior of the buildings, both for the colored and white, was in good repair and clean.

Number of insane, 47—White males, 10; white females, 14; colored males, 12; colored females, 11.

Physician—E. H. Richardson, of W.

Superintendent—Wilson Chenowith.

Matron—Mrs. Chenowith.

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## HARFORD COUNTY JAIL.

This jail is exceptionally well kept and its Physician, Dr. Munnikhuysen, takes great interest in seeing to the general care of the inmates.

No insane seen here.

## HOWARD COUNTY.

The insane of this county are provided for at the various institutions for the insane.

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## KENT COUNTY ALMSHOUSE.

(Located near Chestertown.)

The general condition of the inmates at this almshouse has been fairly good, except in two, who were found to be violent cases, confined in small rooms, and very filthy in their habits.

The Secretary interviewed the County Commissioners in behalf of these unfortunate persons, and had them at once removed. It is but fair to say if accommodations could have been had at some institution for insane within the State for these persons the court would not have ordered them to be sent to the almshouse.

The superintendent and his wife do all in their power for the indigent, with the means at hand, and as a rule give satisfaction.

Eighteen of the inmates came within the Lunacy Act, as follows—White males, 3; white females, 6; colored males, 4; colored females, 5.

Superintendent—W. C. Knight.

Physician—J. A. Perkins, M. D.

## KENT COUNTY JAIL.

Well kept. Two removed.

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## MONTGOMERY COUNTY ALMSHOUSE.

(Near Rockville.)

The improvements made here during the past year, consist in the reconstruction of the old part of the building, and the addition of two bath-rooms, besides a first-class heating apparatus has been put in, which conduces greatly to the comfort of the inmates.

The interior of the building was untidy, and the sleeping apartments much in need of bed-room comforts. These latter defects have been corrected since the last inspection.

Number coming within the Lunacy Act, 25—White males, 6; white females, 7; colored males, 5; colored females, 7. All were chronic cases, and some bed-ridden.

Superintendent—Leonidas Ricketts.

Physician—Edward Anderson, M. D.

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## MONTGOMERY COUNTY JAIL.

Well kept. Six cases removed.

Physician—Dr. Chas. J. Maddox.



## PRINCE GEORGE'S COUNTY ALMSHOUSE.

(Eight miles from Upper Marlboro.)

There was a marked change for the better noticed at this almshouse. Its insane were much more carefully attended, and most of them seen at work, spoke freely of the many comforts they received.

Twenty-five insane were inspected, all old chronic cases—White males, 5; white females, 4; colored males, 7; colored females, 9.

Superintendent—J. E. Coffin.

Physician—W. W. Waring.

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## PRINCE GEORGE'S JAIL.

Three cases removed during the year.

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## QUEEN ANNE'S COUNTY ALMSHOUSE.

(Seven miles from Centreville.)

The buildings used for the white paupers were well kept, excepting one room occupied by a dirty epileptic; but that portion set aside for the colored poor was unclean and much neglected. The

trustees promise, however, to improve the condition of this part of the building.

Thirty-one cases came under the jurisdiction of the Lunacy Commission. Some of them were harmless persons taken from Maryland Hospital for the Insane, the rest old cases, formerly reported.

White males, 8; white females, 9; colored males, 8; colored females, 9; total, 28.

Physician--Dr. J. A. Holton.

Assistant Physician--Dr. J. T. Holland.

Superintendent--Joshua Goodwin.

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### QUEEN ANNE'S COUNTY JAIL.

County jail well kept. \* Two removed.

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### SOMERSET COUNTY ALMSHOUSE.

(Two and one-half miles from Princess Anne.)

No acute cases of insanity are allowed at this almshouse. Its buildings were in poor repair and devoid of the proper supply of furniture.

The jail was also inspected, and during the year four insane have been removed from it to institutions for the care and treatment of insanity.

Four old colored men were seen here—cases of dementia.

Superintendent—W. T. Renshaw.

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### ST. MARY'S COUNTY ALMSHOUSE.

(Four and a-half miles from Leonardtown.)

Coming within the Lunacy Act were twenty-two inmates, all old chronic cases—White males, 5; white females, 6; colored males, 5; colored females, 6.

Both the Superintendent and Physician have been lately appointed and take much interest in their work. The building was in good order and had lately been whitewashed and renovated.

Superintendent—W. F. Floyd.

Physician—Charles Combs, M. D.

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### ST. MARY'S COUNTY JAIL.

Four cases have been removed.

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### TALBOT COUNTY ALMSHOUSE.

(Situated near Trappe.)

The buildings which constitute this almshouse have lately been rebuilt and are now the best



equipped for its purposes of any throughout the State. The Lunacy Commission is much gratified at the result of its constant efforts here, and at other institutions mentioned.

Number of inmates, 62.

Number of insane, 42—White males, 11; white females, 14; total, 25; colored males, 8; colored females, 9; total, 17.

Superintendent—N. Leonard.

Matron—Mrs. Ayers.

Physician—Dr. Ed. M. Hardcastle.

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### TALBOT COUNTY JAIL.

The jail was found dirty and badly ventilated, but no insane cases to report.

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### BELLEVUE ASYLUM.

(Washington County Almshouse.)

The interior of the building cleanly. Much of the furniture in halls and bed-rooms new; and in the garret rooms, formerly reported as dirty and poorly furnished, on the last visit were neat and tidy. The attendance, too, was better, and an air of general improvement was noticed, both in the

appearance of the patients and the appointments of the asylum.

Structural Improvements—New drainage and repairing of bath and water closets.

Total number of inmates, 77. Of these 51 were insane—White males, 10; white females, 28; colored males, 5; colored females 7.

Superintendent—Levi Bear.

Physician—E. M. Shindle.

State's Attorney—Mr. Little.

## WASHINGTON COUNTY JAIL.

The building as well kept as on former visits. Five removed during the year.

## WICOMICO COUNTY ALMSHOUSE.

(14 miles from Salisbury.)

No improvements at this almshouse. Most of the county paupers are pensioned out. The old building is generally kept clean, and the superintendent tries to make its inmates comfortable.

Thirteen chronic cases of mental trouble have been cared for during the year, viz—White males,

2; white females, 4; colored males, 3; colored females, 4.

Superintendent—Alex. F. Owens.

Physician—W. H. H. Dashiell, M. D.

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### WICOMICO COUNTY JAIL.

This jail has been carefully conducted, and found so on the last inspection. No insane to report.

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### WORCESTER COUNTY ALMSHOUSE.

(Three and a-half miles from Snow Hill.)

This almshouse is now under new management and the attendance is better. The general comforts of the inmates are much more satisfactorily looked after than on former occasions. Arrangements have been made for the separation of the sexes, especially in the colored department. The insane, numbering 24, all chronic cases, have been as follows :

White males, 4; white females, 3; colored males, 9; colored females, 8.

Physician—Dr. Paul Jones.

Superintendent—C. P. Jones.



## WORCESTER COUNTY JAIL.

No insane to report.

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## MARYLAND PENITENTIARY.

Four visits have been paid to this prison during the year, and on each occasion if any of the convicts were found to come within the Lunacy Act, the Commission at once instituted proceedings to have them removed to some hospital for the care and treatment of insanity.

Number so removed, six.

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## THE HOUSE OF CORRECTION.

Frequent visits have been made to the House of Correction to examine into the mental condition of persons committed there, but who were believed to be insane; and where such has been the case, the Governor has promptly had them released, upon application being made to him by the Secretary, acting for the Lunacy Commission.

Number removed, 18.

# APPENDIX A.

## MARYLAND HOSPITAL FOR THE INSANE.

TABLE No. 1.

*Giving the general statistics of the population for the year ending November 30, 1893.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Number of Patients in Hospital on Oct. 31, 1893.	228	199	427
“ “ “ admitted during the year. . . .	70	52	122
Total number under treatment. . . . .	298	251	549
	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Discharged as recovered.	17	8	25
“ improved..	9	7	16
“ unimproved	2	1	3
Died. . . . .	27	17	44
	—	—	—
	55	33	88
Remaining in Hospital November, 1893. . . . .	243	218	461
Highest number under treatment, August 26, 1893.	249	217	466
Lowest “ “ “ Nov. 1, 1892. . .	228	199	427

TABLE No. 2.

*Showing the number at each age admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Under 15 years of age. . . . .	..	1	1
Between 15 and 20 years of age. . . . .	7	3	10
“ 20 and 30 “ “ . . . . .	17	8	25
“ 30 and 40 “ “ . . . . .	16	9	25
“ 40 and 50 “ “ . . . . .	15	13	28
“ 50 and 60 “ “ . . . . .	8	8	16
“ 60 and 70 “ “ . . . . .	3	6	9
“ 70 and 80 “ “ . . . . .	4	4	8
Total. . . . .	70	52	122

TABLE No. 3.

*Showing the civil condition of those admitted.*

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Single.....	39	18	57
Married.....	27	24	51
Widowed.....	4	10	14
Total.....	70	52	122

TABLE No. 4.

*Showing the nativity of those admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Maryland.....	49	38	87
South Carolina.....	..	..	..
Ireland.....	1	1	2
Italy.....	1	..	1
Pennsylvania.....	..	2	2
District of Columbia.....	..	..	..
West Virginia.....	..	..	..
Germany.....	8	5	13
Austria.....	1	..	1
Cuba.....	..	1	1
Wales.....	1	..	1
Poland.....	..	2	2
Bohemia.....	1	..	1
New Jersey.....	..	..	..
Georgia.....	..	..	..
Virginia.....	3	2	5
England.....	1	1	2
North Carolina.....	..	..	..
New York.....	1	..	1
Maine.....	..	..	..
Rhode Island.....	..	..	..
Wisconsin.....	..	..	..
France.....	..	..	..
New Foundland.....	..	..	..
Delaware.....	1	..	1
Massachusetts.....	..	..	..
Texas.....	..	..	..
Unknown.....	2	..	2
Total.....	70	52	122
Born in United States.....	54	42	96
“ foreign countries.....	16	10	26



TABLE No. 5.

*Showing the occupation of those admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Farmers.....	9	..	9
Laborers.....	8	..	8
Clerks.....	7	..	7
Salesman.....	2	..	2
Carpenter.....	3	..	3
Housekeepers ..	..	29	29
Photographer ..	1	..	1
Seamstress ..	..	7	7
Butcher ..	1	..	1
Blacksmith ..	2	..	2
News Agent....	1	..	1
Merchant.....	1	..	1
Brakeman ..	1	..	1
Confectioner ..	1	..	1
Shoemaker.....	2	..	2
Stonecutter.....	2	..	2
Cigarmaker ..	1	..	1
Instrument-maker.....	1	..	1
Market woman....	..	1	1
Piano-maker.....	1	..	1
Lawyer ..	1	..	1
Overseer ..	1	..	1
Driver ..	1	..	1
Milliner ..	..	1	1
Canmaker ..	2	..	2
Sexton of Church.....	1	..	1
Clergyman.....	1	..	1
Servants ..	..	2	2
Florist ..	1	..	1
Printer.....	2	..	2
Tailor ..	1	..	1
Box manufacturer.....	1	..	1
Stevedore.....	1	..	1
Silver plater.....	1	..	1
Copper smelter ..	1	..	1
Music teacher.....	..	1	1
Ship caulker....	1	..	1
Cabinet maker ..	1	..	1
Plumber ..	1	..	1
Of no occupation ..	8	11	19
Total .....	<u>70</u>	<u>52</u>	<u>122</u>

TABLE No. 6.

*Showing the source of support of those admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Supported by friends.....	4	7	11
“ “ Counties.....	24	16	40
“ “ City of Baltimore....	42	29	71
Total.....	<u>70</u>	<u>52</u>	<u>122</u>

TABLE No. 7.

*Showing form of mental disorder of those admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Melancholia.....	17	14	31
Mania.....	12	17	29
Puerperal Insanity.....	..	1	1
Epileptic Insanity.....	5	..	5
Dementia, consecutive.....	10	8	18
Paranœa.....	10	1	11
Dementia, senile.....	7	6	13
Lactatrinial Insanity.....	..	2	2
Narcomania.....	1	..	1
General Paresis.....	6	..	6
Imbecility... ..	1	..	1
Hystero Epilepsy.....	..	1	1
Choreal Insanity.....	..	1	1
Alcohol Insanity... ..	1	..	1
Traumatic Insanity .....	1	..	1
Total.....	<u>70</u>	<u>52</u>	<u>122</u>

TABLE No. 8.

*Showing number of attacks and duration of last attack before admission of those admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
<b>First Attack—</b>			
Less than 3 months.....	15	14	29
“ 6 “ .....	6	3	9
“ 12 “ .....	6	6	12
“ 2 years.....	7	4	11
“ 3 “ .....	3	2	5
“ 5 “ .....	5	4	9
“ 10 “ .....	7	1	8
“ 20 “ .....	8	2	10
More than 20 “ .....	..	6	6
<b>Second Attack—</b>			
Less than 1 year. ....	10	7	17
<b>Third Attack—</b>			
Less than 1 year.....	..	1	1
<b>Fourth Attack—</b>			
Less than 1 year.....	2	2	4
<b>Several previous Attacks—</b>			
Less than 1 year.....	..	..	..
Unknown as to attack and duration.....	1	..	1
<b>Total.....</b>	<b>70</b>	<b>52</b>	<b>122</b>



TABLE No. 9.

*Showing the alleged causes of insanity of those admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Business perplexities .....	5	..	5
Domestic troubles.....	..	2	2
Grief at loss of friends.....	1	2	3
Lactation.....	..	5	5
Intemperance.....	9	..	9
Epilepsy.....	5	..	5
Morphine and Cocaine.....	1	..	1
Traumatism.....	5	1	6
Old age.....	5	4	9
Influenza.....	1	1	2
Masturbation....	1	1	2
Uterine disease.....	..	1	1
Sunstroke .....	1	..	1
Overwork....	1	..	1
Puerperal condition... ..	..	1	1
Chorea .....	..	1	1
Syphilis.....	1	..	1
Change of life.....	..	2	2
Rheumatism .....	1	..	1
Solitary confinement... ..	1	..	1
Unknown ....	30	31	61
Typhoid fever.....	2	..	2
<b>Total.....</b>	<b>70</b>	<b>52</b>	<b>122</b>

TABLE No. 10.

*Showing hereditary influence in causing insanity of those admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Hereditary, taint denied.....	43	31	76
Hereditary but relationship not stated..	4	4	4
Father insane .....	2	2	4
Paternal relatives insane.....	..	1	1
Mother insane .....	6	6	12
Maternal relatives insane .....	6	1	7
Brothers and Sisters insane .....	4	9	13
	<hr/>	<hr/>	<hr/>
Total ascertained.....	65	50	115
Unknown .....	5	2	7
	<hr/>	<hr/>	<hr/>
Total.....	70	52	122

TABLE No. 11.

*Showing number of Private Patients and those from Baltimore City and the Counties admitted during the year and those remaining in Hospital at the close of the year.*

	Quota under Census of 1880.	ADMITTED DURING THE YEAR.			REMAINING AT THE CLOSE OF THE YEAR.		
		Males.	Females.	Totals.	Males.	Females.	Totals.
Private Patients.....		4	7	11	17	7	24
Allegany County.....		..	..	..	..	..	..
Anne Arundel County.....		2	1	3	10	9	19
Baltimore County.....		3	4	7	19	18	37
Calvert County .....		1	..	1	5	..	5
Caroline County. ....		1	1	2	3	3	6
Carroll County.....		3	..	3	14	9	23
Cecil County.....		..	1	1	..	..	..
Charles County.....		..	..	..	3	4	7
Dorchester County. ....		..	..	..	9	10	19
Frederick County.....		1	1	2	5	4	9
Garrett County.....		..	..	..	2	3	5
Harford County. ....		2	1	3	10	9	19
Howard County .....		2	1	3	9	7	16
Kent County.....		..	1	1	2	5	7
Montgomery County.....		1	1	2	5	7	12
Prince George's County....		..	1	1	5	5	10
Queen Anne's County.....		2	1	3	..	1	1
St. Mary's County. ....		1	..	1	3	2	5
Somerset County .....		..	..	..	8	6	14
Talbot County.....		1	2	3	5	6	11
Washington County.. ....		2	..	2	4	8	12
Wicomico County.....		2	..	2	9	3	12
Worcester County.....		0	..	..	2	7	9
City of Baltimore.....		42	29	71	94	85	179
		70	52	122	243	218	461



TABLE No. 12.

*Showing the ages of those discharged as recovered.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Between 10 and 20 years of age.....	3	..	3
“ 20 and 30 “ .....	2	4	6
“ 30 and 40 “ .....	4	3	7
“ 40 and 50 “ .....	4	1	5
“ 50 and 60 “ .....	4	..	4
“ 60 and 70 “ .....	..	..	..
“ 70 and 80 “ .....	..	..	..
Total.....	17	8	25

TABLE No. 13.

*Showing the form of mental disorder of those discharged as recovered.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Melancholia .....	7	3	10
Mania ... ..	8	5	13
Puerperal insanity.....	..	..	..
Epileptic “ .....	..	..	..
Hystero-epilepsy .....	..	..	..
Traumatic insanity .....	..	..	..
Narcomania .....	1	..	1
Dementia .....	1	..	1
Total.....	17	8	25

TABLE No. 14.

*Showing the number of attacks of those discharged as recovered.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
First attack in... ..	12	6	18
Second attack in.....	2	1	3
Third attack in.....	1	1	2
Several previous attacks in.....	2	..	2
Total.....	17	8	25

TABLE No. 15.

*Showing the duration of attacks before admission.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
* Not exceeding 1 month.....	7	5	12
“ “ 3 months.....	2	..	2
“ “ 6 months.....	2	1	3
“ “ 12 months.....	4	1	5
“ “ 2 years.....	1	..	1
Exceeding 2 years.....	1	..	1
Total .....	17	8	25

TABLE No. 16.

*Showing the ages of those who died during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Between 20 and 30 years of age.....	4	..	4
“ 30 and 40 “ .....	4	3	7
“ 40 and 50 “ .....	3	6	9
“ 50 and 60 “ .....	7	4	11
“ 60 and 70 “ .....	7	2	9
“ 70 and 80 “ .....	2	1	3
“ 80 and 90 “ .....	..	1	1
Total.....	27	17	44

TABLE No. 17.

*Showing the Cause of Death.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Exhaustion of Melancholia .....	..	..	..
Mania .....	..	2	2
Epilepsy.....	..	..	..
Phthisis .....	7	3	10
Cerebral effusion .....	1	..	1
Pneumonia .....	..	..	..
Status epilepticus.....	1	..	1
Acute tuberculosis.....	..	..	..
Dementia.....	..	4	4
Old age.....	3	1	4
General paresis .....	3	..	3
Pulmonary (Edema .....	3	2	5
Erysipelas.....	1	1	2
Septicæmia .....	..	..	..
Chronic institial nephritis.....	1	..	1
Cancer of the Uterus.....	..	1	1
Cordiac Disease .....	1	2	3
Apoplexy.....	2	1	3
Pericarditis .....	2	..	2
Tubercular Ostritis .....	1	..	1
Traumatism ...	1	..	1
Total.....	27	17	44

TABLE No. 18.

*Showing the form of mental disorder of those who died.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Melancholia .....	..	2	2
Mania.....	1	2	3
Epileptic Insanity.....	3	..	3
Dementia.....	13	10	23
Dementia, senile.....	4	2	6
“ with Epilepsy .....	..	..	..
Imbecility.....	..	..	..
Paranœa.....	1	1	2
General Paresis.....	4	..	4
Traumatic Insanity.....	1	..	1
Total.....	27	17	44



TABLE No. 19.

*Showing the period of residence in hospital of those who died during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Less than 1 month.....	4	3	7
From 1 and 2 months .....	3	1	4
“ 2 and 6 “ .....	1	2	3
“ 6 and 12 “ .....	3	..	3
“ 1 and 2 years .....	..	2	2
“ 2 and 4 “ .....	2	1	3
“ 4 and 6 “ .....	4	2	6
“ 6 and 8 “ .....	6	2	8
“ 8 and 10 “ .....	..	..	..
“ 10 and 20 “ .....	..	..	..
“ 20 and 30 “ .....	1	1	2
	—	—	—
Total.....	27	17	44

TABLE No. 20.

*Showing the General Statistics of the Colored Insane in Maryland Hospital for the Insane, for the year ending October 31, 1893.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Total Colored in Hospital October 31, 1892.....	28	23	51
Admitted during the year.....	1	1	2
	29	24	53
	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Discharged as improved. 2 ..	2	..	2
Died..... ..	..	1	1
	—	—	—
	2	1	3
Remaining in Hospital November 1, 1893.....	27	23	50

## APPENDIX B.

### MOUNT HOPE RETREAT.

The following tables show the general statistics of this Retreat as furnished "The Lunacy Commission" during its year ending Nov. 30, 1893.

TABLE No. 1.

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Number of Patients in Hospital on Nov. 30, 1892..	238	304	542
" " " admitted during the year.....	206	77	283
Whole number under treatment during the year...	444	381	825
Number discharged during the year as cured.....	66	55	121
" " " " improved...	104	13	117
" " " " unimproved.	2	0	2
" of deaths during the year.....	25	18	43
" remaining on November 30, 1893.....	254	312	566

TABLE No. 2.

*Showing the monthly admissions for year ending November 30, 1893.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Number admitted during December..	17	6	23
" " " January.....	16	5	21
" " " February.....	17	8	25
" " " March.....	12	4	16
" " " April.....	10	9	19
" " " May.....	20	11	31
" " " June.....	14	9	23
" " " July.....	14	8	22
" " " August. ....	29	4	33
" " " September.....	21	6	27
" " " October.....	17	2	19
" " " November.....	19	5	24
Total.....	206	77	283

TABLE No. 3.

*Showing the form of Insanity of those admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Mania, Acute.....	28	20	48
“ Chronic .....	23	18	41
“ Puerperal.....	..	2	2
“ Alcoholic... ..	16	2	18
“ Senile.....	2	1	3
Melancholia, Acute .....	33	14	47
“ Chronic.....	14	3	17
Dementia, Primary.....	2	1	3
Dementia, Secondary.....	4	5	9
Paresis.....	4	2	6
Dipsomania.....	67	6	73
Epileptic Insanity.....	5	1	6
Idiocy... ..	7	2	9
Total.....	206	77	283



TABLE No. 4.

*Showing the cause of Insanity in all cases admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Hereditary predisposition.....	1	3	4
Alcoholic Abuse.....	110	9	119
Ill-health.....	7	8	15
Domestic troubles.....	9	5	14
Pecuniary losses.....	1	..	1
Overwork.....	2	1	3
Religious excitement.....	1	1	2
Epilepsy.....	6	1	7
Overstudy.....	1	..	1
Business Cares.....	1	..	1
Puerperal state.....	..	2	2
Senile degeneration.....	1	2	3
Poverty and exposure.....	1	1	2
Injury to head.....	3	..	3
Abuse of opiates.....	2	3	5
Smoking.....	1	..	1
Change of Life.....	..	1	1
Worry.....	7	3	10
Grief.....	4	1	5
Mental strain.....	..	2	2
Nervous shock.....	..	1	1
La Grippe.....	1	1	2
Unknown.....	47	32	79
Total.....	206	77	283

TABLE No. 5.

*Showing ages of all Patients admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Under 10 years of age.....	..	..	..
Between 10 and 20 years of age .....	3	3	6
"    20 and 30 "    " .....	35	16	51
"    30 and 40 "    " .....	87	17	104
"    40 and 50 "    " .....	42	21	63
"    50 and 60 "    " .....	23	13	36
"    60 and 70 "    " .....	11	7	18
"    70 and 80 "    " .....	2	..	2
Over 80 years.....	3	..	3
Total.....	206	77	283

TABLE No. 6.

*Showing the nativity of all patients admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Maryland.....	108	27	135
South Carolina.....	1	1	2
Ireland.....	24	11	35
Norway.....	1	..	1
Pennsylvania.....	10	10	20
District of Columbia.....	19	7	26
West Virginia.....	6	2	8
Germany....	1	3	4
Russia.....	1	..	1
New Jersey.....	..	1	1
Georgia.....	1	..	1
Virginia.....	8	5	13
England .....	6	2	8
North Carolina.....	..	..	..
New York .....	9	6	15
France.....	1	..	1
Switzerland .....	1	..	1
Alabama.....	1	..	1
Massachusetts....	4	1	5
Connecticut....	..	1	1
New Hampshire.....	4	..	4
Total .....	206	77	283

TABLE No. 7.

*Showing the last residence of all cases admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Maryland .....	141	51	192
South Carolina.....	1	1	2
District of Columbia .....	23	10	33
Pennsylvania.....	13	3	16
West Virginia .....	4	1	5
New York.....	13	3	16
Georgia.....	1	..	1
Virginia.....	5	2	7
North Carolina.....	1 *	1	2
New Jersey ..	..	2	2
Rhode Island.....	1	..	1
Massachusetts.....	2	2	4
Nevada....	..	1	1
Delaware....	1	..	1
Total.....	206	77	283



TABLE No. 8.

*Showing the occupation of all Patients admitted during the year.*

<i>Males.</i>		<i>Females.</i>	
Baker.....	5	No occupation .....	30
Tailor.....	3	Nurse.....	2
Civil Engineer.....	1	Housekeepers.....	13
Tinner.....	1	Seamstresses.....	3
Hostler.....	2	Clerks.....	1
Waiter.....	4	Daughters of Manufacturers...	1
Merchants.....	32	Wife of Physician.....	2
Farmers.....	13	“ Manufacturer.....	3
Clerk.....	17	“ Liveryman.....	1
No occupation.....	18	“ Clerk.....	1
Bricklayer.....	2	“ Laborer.....	2
Plumber.....	1	“ Merchant.....	1
Physicians.....	5	“ Teacher.....	2
Real Estate Agents.....	2	“ Farmer.....	2
Blacksmiths.....	7	“ Sailor.....	2
Contractor.....	2	Teachers.....	5
Carpenters.....	5	Servants.....	4
Book Keepers.....	3	Dress Makers.....	2
Lawyer.....	16		
Druggists.....	1		
Salesmen.....	5		
Cigar makers.....	4		
Boat-builder.....	2		
Shoemakers.....	5		
Laborers.....	4		
Iron moulders.....	3		
Telegraph operator.....	4		
Cooper.....	2		
Editor.....	2		
Clergymen.....	10		
Actors.....	3		
Students.....	5		
Butcher.....	1		
Saloon Keepers.....	9		
Patent attorneys.....	1		
Professors of music.....	5		
Huckster.....	1		
Painter.....	2		
Total.....	206	Total .....	77

TABLE No. 9.

*Showing the duration of Insanity in all cases admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Less than 1 month.....	36	17	53
From 1 to 2 months.....	64	25	89
“ 2 to 6 “ .....	33	12	45
“ 6 to 12 “ .....	12	4	16
“ 1 to 2 years ..	18	9	27
“ 2 to 5 “ .....	17	2	19
“ 5 to 10 “ .....	8	2	10
“ 10 to 20 “ ..	12	5	17
“ 20 to 30 “ ..	6	1	7
Total .....	206	77	283

TABLE No. 10.

*Showing the result in all cases admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Cured.....	50	19	69
Improved.....	97	7	104
Unimproved .....	..	1	1
Died.....	14	2	16
Remaining.....	45	48	93
Total .....	206	77	283

TABLE No. 11.

*Showing Cause of Death in all cases admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Pneumonia .....	1	..	1
Phthisis ... ..	1	..	1
Excitenent and acute mania. ....	4	1	5
Melancholia .....	3	1	4
Exhaustion from Epilepsy.....	1	..	1
Dysentery.....	1	..	1
Senile Decay.....	2	..	2
Heart Disease.....	1	..	1
Total....	<hr/> 14	<hr/> 2	<hr/> 16



# APPENDIX C.

## BAY VIEW ASYLUM.

TABLE No. 1.

*Showing the general operations for the year ending October 31, 1893.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Number in Hospital Oct. 31, 1892.....	174	196	370
“ admitted during the year.....	75	56	131
Total number under treatment.....	249	252	501
	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Discharged as recovered. 25	17	42	
“ improved.. 13	15	28	
“ unimproved 12	11	23	
Died..... 20	15	35	
	70	58	128
Remaining in Hospital October 31, 1893.....	179	194	373
Daily average under treatment—males.....			178.53
“ “ “ “ females.....			189.31
“ “ “ “ both.....			367.84
Highest number under treatment, April 21, 1893..			376
Lowest “ “ “ May 29, 1893. ....			361

TABLE No. 2.

*Showing the number at each age admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Between 10 and 20 years of age.....	3	..	3
“ 20 and 30 “ “ .....	18	19	37
“ 30 and 40 “ “ .....	26	15	41
“ 40 and 50 “ “ .....	18	14	32
“ 50 and 60 “ “ .....	6	3	9
“ 60 and 70 “ “ .....	3	1	4
“ 70 and 80 “ “ .....	1	3	4
Over 80 years .....	..	1	1
Total.....	75	56	131

TABLE No. 3.

*Showing the civil condition of those admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Single.....	31	19	50
Married.....	35	25	60
Widowed.....	8	12	20
Unknown.....	1	..	1
Total.....	75	56	131

TABLE No. 4.

*Showing the nativity of those admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Maryland.....	41	26	67
Virginia.....	7	3	10
South Carolina.....	1	..	1
Kentucky.....	..	1	1
District of Columbia.....	2	..	2
New York.....	1	..	1
Ohio.....	1	..	1
Wisconsin.....	1	..	1
England.....	2	1	3
Ireland.....	1	6	7
Germany.....	11	9	20
Austria.....	1	..	1
Bavaria.....	..	2	2
Switzerland.....	..	1	1
Bohemia.....	2	..	2
Russia.....	3	5	8
Sandwich Islands.....	..	1	1
Unknown.....	1	1	2
Total.....	75	56	131

TABLE No. 5.

*Showing the occupation of those admitted during the year.*

	Males.	Females.	Totals.
Painters.....	2	..	2
Tailors.....	4	..	4
Weaver.....	1	..	1
Hostler.....	1	..	1
Stove Mounters. . . . .	2	..	2
Peddlers....	2	..	2
Sawyers.....	3	..	3
Sailors.....	4	..	4
Laborers.....	16	..	16
Janitors.....	2	..	2
Upholsterer.....	1	..	1
Oyster Shucker.....	1	..	1
Junk Dealer.....	1	..	1
Plumber.....	1	..	1
Teamster.....	1	..	1
Furnisher varnisher....	1	..	1
Farmers.....	2	..	2
Carpenters.....	2	..	2
Baker.....	1	..	1
Cooks.....	4	2	6
Brickmaker.....	1	..	1
Tinner.....	1	..	1
Shoemaker.....	1	..	1
Type founder.....	1	..	1
Barber....	1	..	1
Engineer.....	1	..	1
Cigarmakers.....	2	..	2
Merchant.....	1	..	1
Printer.....	1	..	1
Blacksmith.....	1	..	1
Brass Finisher.....	1	..	1
Plasterer.....	1	..	1
Stonemason.....	1	..	1
No occupation.....	9	12	21
Domestics.....	..	13	13
Seamstresses.....	..	3	3
School teacher.....	..	1	1
Laundress.....	..	1	1
Dressmaker....	..	1	1
Huckster.....	..	1	1
Wife of Engineer.....	..	1	1
“ Merchant ..	..	1	1
“ Shoemaker.....	..	1	1
Housewives.....	..	17	17
Unknown.....	..	2	2
Total.....	75	56	131

TABLE No. 6.

*Showing the source of support of those admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Supported by friends.....	..	1	1
“ “ City of Baltimore....	75	55	130
Total.....	75	56	131

TABLE No. 7.

*Showing form of mental disorder of those admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Mania.....	11	12	23
Delirium, Grave.....	1	2	3
Melancholia.....	2	14	16
Dementia, Terminal.....	2	4	6
Dementia, senile.....	2	4	6
Paretic Dementia....	3	..	3
Syphilitic Dementia.....	1	2	3
Traumatic Dementia.....	3	..	3
Organic Dementia.....	3	1	4
Paranoia.....	4	2	6
Imbecility....	12	5	17
Acute Confusional Insanity.....	1	..	1
Epileptic Insanity.....	5	1	6
Puerperal Insanity.....	..	3	3
Hysterical Insanity.....	..	3	3
Acute Alcoholism. ....	15	2	17
Chronic Alcoholism.....	10	1	11
Total.....	75	56	131



TABLE No. 8.

*Showing number of attacks and duration of last attack before admission of those admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>	
<b>First Attack—</b>				
Less than 3 months.....	20	17	37	
“ 6 “ .....	6	9	15	
“ 12 “ .....	11	6	17	
“ 2 years.....	4	5	9	
“ 3 “ .....	4	2	6	
“ 5 “ .....	6	4	10	
“ 10 “ .....	4	1	5	
“ 20 “ .....	3	1	4	
More than 20 “ .....	1	1	2	105
	—	—	—	
<b>Second Attack—</b>				
Less than 1 year. ....	5	7	12	
<b>Third Attack—</b>				
Less than 1 year....	4	1	5	
<b>Fourth Attack--</b>				
Less than 1 year.....	..	..	..	
<b>Several previous Attacks—</b>				
Less than 1 year.....	5	2	7	
Unknown as to attack and duration.....	2	..	2	
	—	—	—	26
				131

TABLE No. 9.

*Showing the alleged causes of insanity of those admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Business perplexities . . . . .	5	..	5
Domestic troubles . . . . .	3	8	11
Grief at loss of friends . . . . .	..	2	2
Disappointed affection . . . . .	..	1	1
Intemperance . . . . .	25	3	28
Epilepsy . . . . .	5	1	6
Congenital . . . . .	12	5	17
Ill health . . . . .	4	8	12
Dissipation . . . . .	5	6	11
Exposure . . . . .	2	..	2
Puerperal condition . . . . .	..	3	3
Old age . . . . .	2	4	6
Change of life . . . . .	..	1	1
Phthisis . . . . .	..	3	3
Solitary life . . . . .	..	1	1
Cerebral hemorrhage . . . . .	2	1	3
Traumatism . . . . .	3	..	3
Hysteria . . . . .	..	3	3
Poverty . . . . .	2	4	6
Cerebro Spinal Meningitis . . . . .	1	..	1
Unknown . . . . .	4	2	6
Total . . . . .	<u>75</u>	<u>56</u>	<u>131</u>

TABLE No. 10.

*Showing the result in all cases admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Cured .....	25	11	36
Improved .....	9	10	19
Unimproved.....	9	8	17
Died.....	6	3	9
Remaining.....	26	24	50
	<hr/>	<hr/>	<hr/>
Total .....	75	56	131

TABLE No. 11.

*Showing cause of death in all cases admitted during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Pneumonia .....	1	..	1
Tuberculosis.....	..	1	1
Pulmonary (Edema .....	..	1	1
Cerebral Hemorrhage.....	1	..	1
Aortic Regurgitation.....	1	..	1
Septicæmia .....	..	1	1
Acute Delirium.....	1	..	1
Status Epilepticus.....	1	..	1
Cirrhosis of Liver.....	1	..	1
Total.....	6	3	9

TABLE No. 12.

*Showing the ages of those discharged as recovered during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Between 20 and 30 years of age....	8	10	18
“ 30 and 40 “ “ .....	15	5	20
“ 40 and 50 “ “ .....	2	2	4
“ 50 and 60 “ “ .....	..	..	..
“ 60 and 70 “ “ .....	..	..	..
“ 70 and 80 “ “ .....	..	..	..
“ 80 and 90 “ “ .....	..	..	..
Total.....	25	17	42



TABLE No. 13.

*Showing the form of mental disorder of those discharged as recovered.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Melancholia .....	2	5	7
Mania ... ..	7	5	12
Acute Confusional Insanity.....	1	..	1
Puerperal Insanity.....	..	3	3
Hysterical Insanity.....	..	2	2
Acute Alcoholism.....	15	2	17
Total.....	25	17	42

TABLE No. 14.

*Showing the number of attacks of those discharged as recovered.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
First attack in... ..	16	15	31
Second attack in.....	4	1	5
Third attack in.....	2	..	2
Several previous attacks in.....	3	1	4
Total.....	25	17	42

TABLE No. 15.

*Showing the duration of attack before admission of those discharged as recovered.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Not exceeding 1 month.....	21	12	33
“ “ 3 months .....	4	3	7
“ “ 6 months.....	..	2	2
“ “ 12 months.....	..	..	..
“ “ 2 years.....	..	..	..
Exceeding 2 years....	..	..	..
Total .....	25	17	42

TABLE No. 16.

*Showing the ages of those who died during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Between 10 and 20 years of age.....	1	..	1
“ 30 and 40 “ “ .....	5	5	10
“ 40 and 50 “ “ .....	10	1	11
“ 50 and 60 “ “ .....	4	2	6
“ 60 and 70 “ “ .....	..	4	4
“ 70 and 80 “ “ .....	..	2	2
Over 80 years.....	..	1	1
Total....	20	15	35

TABLE No. 17.

*Showing causes of all deaths during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Tuberculosis.....	6	5	11
Ac. Peritonitis.....	..	1	1
Ac. Diarrhoea.....	..	1	1
Pneumonia .....	1	2	3
Cirrhosis of Liver.....	1	..	1
Status Epilepticus.....	2	..	2
Acute Delirium.....	1	..	1
Meningitis.....	3	..	3
Appendicitis.....	1	..	1
Chronic Bright's Disease.....	2	..	2
Septicaemia.....	..	1	1
Necrosis of Maxilla.....	..	1	1
Hepatic Abscess.....	..	1	1
Cerebral Hemorrhage.....	1	1	2
Acute Dysentery.....	..	1	1
Aortic Regurgitation .....	2	1	3
Total.....	20	15	35

TABLE No. 18.

*Showing the form of mental disorder of those who died during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Chronic Alcoholism.....	3	..	3
Syphilitic Dementia .....	2	..	2
Chronic Mania .....	2	3	5
Imbecility.....	1	2	3
Melancholia.....	..	2	2
Paretic Dementia.....	3	..	3
Traumatic Insanity.....	1	..	1
Epileptic Insanity.....	2	1	3
Terminal Dementia.....	5	3	8
Senile Dementia.....	..	3	3
Acute Delirium.....	1	1	2
Total.....	<u>20</u>	<u>15</u>	<u>35</u>



TABLE No. 19.

*Showing period of residence in hospital of those who died during the year.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Less than 1 month.....	2	1	3
Between 3 and 6 months.....	4	3	7
“ 6 and 12 “.....	6	1	7
“ 1 year and 2 years.....	2	2	4
“ 2 years and 4 years.....	4	3	7
“ 4 years and 6 years.....	..	1	1
“ 6 years and 8 years.....	1	2	3
“ 8 years and 10 years.....	..	1	1
“ 10 years and 12 years.....	1	..	1
Of 18 years.....	..	1	1
Total.....	20	15	35

TABLE No. 20.

*Showing the General Statistics of the Colored Insane for the year ending October 31, 1893.*

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Number in Hospital October 31, 1892. ....	28	53	81
Number admitted during the year.....	18	16	34
Total number under treatment.....	46	69	115
	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Discharged.....	8	17	25
Died.....	9	3	12
	—	—	—
	17	20	37
Remaining in Hospital October 31, 1893.....	29	49	78



Advancement in the Care and Treatment of  
Insane in Maryland During the Past  
Eight Years, and Insanity in the  
Colored Race.\*

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BY DR. WILLIAM LEE,  
Secretary of the Lunacy Commission.

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The great advancement that has been made during the past eight years in the care and treatment of the insane of this State, especially the indigent insane, since the enactment of the Lunacy Law, as compared with what formerly existed (I refer more especially to almshouses and jails), should commend itself not only to the profession, but to the community at large. It is true that our institutions for the insane are now overcrowded and that nearly four hundred insane persons are without proper care and treatment; but even so, the great interest that has been evinced in behalf of these unfortunates, cannot but encourage our legislators in the near future to make the necessary appropriation for additional hospital accommodations.

When the Lunacy Commission first made its visit throughout the State to the various alms-

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\*Read at the semi-annual meeting of the Medical and Chirurgical Faculty, held in Annapolis November 21, 1893.

houses and jails, with very few exceptions they were found, not only unfit for occupancy, but that they contained many insane persons who, besides being in dark cells or secluded rooms, were restrained by means of ropes or chains—chains large enough to control the most vicious animal. Some of these were in a nude state, beating their heads against the wall, and others lying in their own filth. The bedding, if any, consisted of decayed straw, and the atmosphere was so putrescent as almost to stifle one. Added to this, these unfortunates were so neglected that their only nourishment consisted of particles of food thrown to them, as to dogs. If, perchance, they were removed from their cells, it was only to be rechained to a tree on the grounds, there to remain until nightfall. Another abuse noticed on these early visits of inspection, was the entire disregard of the separating the sexes, the sane and insane commingling freely, and, as insanity is no bar to procreation, many idiotic and imbecile white and colored children were seen, offsprings of insane parents.

Steps were at once taken to correct these evils, and copies of the following notices sent to County Commissioners and Trustees of the various almshouses.

“That, in the opinion of this Commission, almshouses are not proper receptacles for insane persons unless provided with rooms so constructed as to

safely detain such insane without the use of chains or ropes applied to the person, for the reason that such treatment is well calculated to increase the mental excitement of these unfortunates, and preclude the possibility of recovery."

Of the many reforms effected during the period embraced by my paper, that of the entire separation of the sexes and doing away with mechanical restraint have been most prominent. The latter mode of restraint is abolished at the various institutions for the insane, and at the almshouses where manacles and chains were so often used—now only in two institutions are they resorted to—they being in the cases of young imbecile persons with suicidal and homicidal tendencies.

Of the numerous improvements, I will call attention to the following: The reconstruction of buildings so as to separate the sexes; so also to have different courtyards in which to exercise; improved ventilation; better heating apparatus and additional bathing facilities; fire escapes, etc.; as also, change in the dining-room arrangements, which consists of the patients being required to take their meals in large dining-rooms, instead of, as before, in small rooms on each hall or ward. It may here be noted that since the inauguration of this system, the patients take their seats quietly and orderly, and enjoy their meals more. Besides these changes,



four new buildings have been erected by the counties, and one by the State authorities for the care and treatment of the insane and idiotic. In this connection the Lunacy Commission had sent to the officers in charge of the various institutions and almshouses, the following resolution :

*Resolved*, That hereafter all plans for structural improvements or new asylums should be submitted to the Lunacy Commission before completing the same.

This was done that all the comforts, as also the safety of the insane might be secured, and that no building in which the number of insane exceeded ten, should be erected without fire escapes and board verandas. Looking still further to the proper care and treatment of the insane, the County Commissioners of the various counties throughout the State were notified that unless the almshouses were possessed of the required facilities to properly maintain insane cases, they were prohibited receiving such cases.

Further, it was urged by the Commission to retain at these almshouses having such facilities, the chronic insane and feeble-minded, in order that the more recent and acute cases might be sent to institutions for the care and treatment of insanity. The judiciousness of this step might readily be questioned, for the almshouses are not

the proper places for even the chronic insane ; but in consequence of the meagre accommodations for the insane, there seemed at present no other alternative.

The whole number of acute or recent cases removed during the past eight years from the almshouses and jails, including the House of Correction, has been five hundred, all of which were provided for at institutions exclusively for the insane. The Lunacy Commission has submitted from time to time various recommendations to the Governor and Legislature : one to provide an institution for the feeble-minded and idiotic (which has since been established at Owings' Mills, Baltimore county, Md.) ; another, that a hospital be erected for the colored insane of this State—the reason for which will be herein stated.

That an additional hospital be provided for the white indigent insane, as there are now quite a number of insane who are without hospital accommodations—and that in erecting this hospital, especial provision be made for the chronic insane, as also the criminal and epileptic cases. In suggesting a building for the criminal insane and epileptics, the Commission appreciate the following facts : First, that criminals changing their nature but little in becoming insane, demoralize greatly the management of an institution of the insane. Secondly, because epileptics not only are as disturbing

and often as unmanageable as the criminal insane, but also, from the character of their attacks, require more care and surveillance than it is possible to give them, except at an institution where special provision has been made for their care and treatment.

The advancements that have been made in the treatment of the insane consists largely in paying strict attention to providing wholesome food (and that abundantly), slight amount of stimulants, little, if any, narcotics, and judicious out-door exercise and occupation. The different modes of exercise consist of farm work, carpentering, gardening, upholstering, cabinet-work—indeed, at the large institutions, such as the Maryland Hospital for the Insane and Mount Hope Retreat, we see most creditable work being done by the insane patients in some of these departments. As to the amusements, games of all sorts are provided—tennis, croquet, base-ball, etc., also weekly entertainments, such as lectures, concerts, balls, theatrical performances, etc. The women and children assist in the kitchen and laundry, besides doing creditably various kinds of needle work.

I would remark here that it would interest any member of the profession to visit the training schools for feeble-minded children at Owings' Mills, and note in what a short time the feeblest mind becomes interested in the kindergarten work and

the various other means of instruction given at this asylum.

### COLORED INSANE.

Since our late civil war, insanity, as is well established, is greatly on the increase, especially among the colored race, and it is believed that this increase in the latter race is consequent upon their sudden emancipation, which engendered trials and cares heretofore unknown to them; added to this the fact that by nature they lead very exposed lives, and are as a class very immoral and dissipated.

Freedom, whilst bringing with it many new pleasures, had in its wake counterbalancing disappointments—namely, poverty and want, with which they were unable to cope. These cares brought on worry of mind, which produced mental disturbances resulting in insanity. Twenty years ago, insanity among this race was almost unknown; since then it has increased from about one in one thousand five hundred to almost the same ratio as that of the white.

With a view to benefit this class of sufferers, the Commission recommended in 1888 and 1889, that an appropriation be made to erect and maintain a separate asylum for their care and treatment. First, because the institutions for insane were then as now, over-crowded, and not arranged to receive this class of patients. Secondly, the percentage of

recovery as shown by reports from asylums exclusively for colored insane, are much greater than when allowed to be crowded into the same building with white insane cases. Thirdly, because, as a rule, they are much more violent and require greater care when suffering from acute mental trouble than do the average white insane.

The total number of colored insane in this State including feeble-minded and idiotic, was :

	Col. Male.	Col. Female.	Total.	Increase.
Dec., 1886,	87	103	190	
“ 1887,	99	120	219	29
“ 1888,	138	145	283	64
“ 1889,	173	182	355	72
“ 1890,	202	173	375	20
“ 1891,	206	179	385	10
“ 1892,	255	245	500	115

Taking the revised Census of 1890 as a basis, the whole colored population is 215,998, which, estimating the colored insane, feeble-minded and idiotic to be five hundred, would give a ratio of about two in every thousand.

The same Census shows the white population to be 826,493—the number of insane, feeble-minded and idiotic two thousand seven hundred and twenty-six, ratio about three in one thousand.



# Some Facts and Suggestions Concerning the Care and Treatment of the Insane in Maryland.

BY GEORGE J. PRESTON, M. D.,

Professor of Physiology and Nervous Diseases, College of Physicians  
and Surgeons, Baltimore; Member of the American  
Neurological Association, etc.

In reviewing the history of the Medical and Chirurgical Faculty of Maryland, one is agreeably surprised at the prominent part taken by this ancient and honorable body in all matters affecting the public health. Questions of sanitation, quarantine, vaccination, the prevention of the spread of epidemics, the care of the insane and indigent sick, were all laid before this body for discussion, and the opinion of the Faculty was usually acted upon by the authorities of the State. This position, if we stop to consider it, was, or perhaps we might say is, logically correct. The representative medical body in the State should certainly have a voice in all matters pertaining to the public health. It is to be regretted that in some degree the State Faculty has departed from its early custom, that in its more mature years it has not main-

tained its youthful zeal in public affairs. There should certainly be a blending of interests. Purely scientific questions should not exclude questions relating to the public health, or the duties and privileges of the profession. The influence wielded by State medical societies in matters of State sanitation should be much greater than it is.

Acting on this conception of the duties of the State Medical Society, I have ventured to present certain facts and to make certain suggestions relating to the care and treatment of the insane within our borders. Much of what I have to say will not be new to those who have followed the work of our Lunacy Commission, and one purpose in presenting this paper is to call the attention of the profession throughout the State to the forcible and emphatic appeals and suggestions relating to additional accommodations for the insane which have been made from time to time by this body. Before discussing the present condition of the insane in our State, it may be of some interest to review briefly the work that has been done in the past and the growth of our institutions. Unfortunately, the early records are very meagre and imperfect. The day of statistics had not dawned when the people of Maryland first turned their attention to the care of the insane. There is a record of an appropriation by the Legislature of \$4,000 for the erection of an almshouse in the year 1773. This building was of

course used for the insane, but to what extent is not known. In 1797 the Legislature passed an act authorizing the erection of a hospital in or near Baltimore for the indigent sick and lunatics. This act of Legislature was apparently the result of the exertions of certain benevolent citizens of the town of Baltimore, which this same year became incorporated as a city. Asylums for the exclusive use of the insane were not numerous at this early day. It would seem that the first asylum for the use of the insane alone was built at Williamsburg, Virginia, in the year 1773, the same year in which the appropriation was made for our first almshouse. The Frankfort Asylum, near Philadelphia, was established by the Society of Friends in 1817, and McLean Asylum, at Summerville, Mass., in 1818.

The first grant made by the Legislature for the Hospital was \$8,000. A piece of ground was bought or donated (just which is not clear), of seven and one-half acres, where the Johns Hopkins Hospital now stands. A building was erected which was called the Public Hospital. In the year 1808 Drs. McKenzie and Smyth obtained a lease of the hospital, and with great energy and public spirit proceeded to enlarge and improve the buildings. Money was obtained by a lottery authorized by the Legislature, and also by appropriations from both city and State. No inconsiderable sums were subscribed by the lessees and other public-spirited

citizens. In 1814 this lease was renewed for ten years. Upon the death of Dr. Smyth in 1819 and of Dr. McKenzie in 1824, the lease passed into the hands of Dr. John P. McKenzie, who remained in possession of the hospital until the contract expired in 1834. In 1828 an act was passed incorporating the Maryland Hospital, and in 1834 all titles held by the city of Baltimore were vested in the State of Maryland. A condition appended to a grant made by the Legislature in 1839 was that the Hospital should be used exclusively for the care and treatment of the insane. Thus early did it become apparent that the insane and the paupers should be cared for separately. During the first fifty years of its existence, or from 1798 to 1848, the hospital received from all sources, appropriations from State and city, contributions from private individuals, and from the lottery, \$209,000. In 1852 a commission, appointed by the General Assembly, selected "Spring Grove," near Catonsville, as the site for the new hospital, and the ground was purchased and the buildings begun. The year 1861 found the buildings still uncompleted, and the outbreak of the war arrested any further progress. In 1864 another appropriation was made by the Legislature, and in 1870 the old hospital property was sold. In October, 1872, the patients were transferred from the old hospital to Spring Grove. Such, in brief, is the history of the

Maryland Hospital for the Insane, and at the same time it is a short epitome of the work done for the insane in this State, or at least the most important part of such work, and also shows the chief legislative enactments concerning the insane. In common with most institutions of a similar character, its usefulness has been curtailed through lack of sufficient means to carry out its beneficent purposes. It is to be regretted that the reports of the Maryland Hospital are not sufficiently complete to furnish exact statistics of the number of insane treated during the century, almost, of its existence.

There is another institution in our State whose influence for good in the care and treatment of the insane has been far-reaching—Mount Hope Retreat. In 1840 the Sisters of Charity, who for some years had been in charge of the insane in the Maryland Hospital, severed their connection with this institution and established a hospital of their own devoted to the treatment of the insane. The building was first located on Front street, near Fayette, and this building proving too small for the rapidly increasing number of patients, a lot and building was purchased on the Harford road. In 1844, Mount Hope College, situated on North avenue, was fitted up for hospital purposes, and for a number of years answered very well, but for the third time it became necessary to enlarge the accommodations, and the present beautiful site on



the Western Maryland Railroad was purchased, and the present comfortable and commodious buildings were begun. Since this date, 1860, many improvements and additions have been made

The other institutions in the State for the exclusive use of the insane do not date far enough back to require any historical notice. The asylum at Bay View is, as is well known, under the same management as the almshouse and hospital department, though having a separate medical staff. The Sheppard Asylum, with its splendid equipment, was opened in 1891, and has, if one may predict such things, a brilliant and useful future before it. Dr. Conrad's private asylum has long been favorably known, and within the past few years two institutions for the feeble-minded have been opened—one a private asylum, under the care of Dr. Fort, and the other the Maryland Home for the Feeble-minded. Among the other private asylums may be mentioned the Richard Gundry Home.

In several of the counties of the State there are asylums for the insane distinct from the county poorhouse. Among these may be mentioned Sylvan Retreat, in Allegany county, about one mile from Cumberland; the Cecil County Insane Asylum, near Elkton; Bellevue Hospital, in Washington county, not far from Hagerstown; Montrose Hospital, in Frederick county, and others. In most of

the counties the insane and the paupers occupy the same institutions, and, until quite recently, the county jails were extensively utilized as places of confinement for the insane. These various institutions have been mentioned at some length in order to show as nearly as possible the total accommodation for the insane in the State. Of these institutions, two are under the charge of the State and city, Spring Grove and Bay View; one, Mount Hope, belonging to the Sisters of Charity; one, the Sheppard Asylum, has a private endowment and is under the care of its own board of trustees. The two institutions for the feeble-minded are: one private, the other a State institution; and two private asylums for the insane, Dr. Conrad's and the Richard Gundry Home. The county asylums are, of course, maintained and managed by their respective counties. Such being the accommodations for the insane (both public and private patients), let us endeavor to estimate the total number of insane in the State. The estimation of the insane population is of necessity a difficult problem. In the institutions the number of persons discharged or removed is considerable, and the deeply rooted prejudice existing in the minds of many persons against commitment to an asylum, together with the desire to conceal the fact of the existence of insanity in a family, vitiate statistics to a very great degree. Then, in the thinly settled rural

districts, there are always a number of "harmless lunatics," and if these were all counted the number of insane would probably be considerably in excess of the number taken to represent the total insane population. It is safe to say that the estimates of the insane population are always below rather than above the true figures. The census of 1890 credits Maryland with 1,649 insane, or 1,579 to 1,000,000 of population. The report of the Lunacy Commission for the same year puts the number at 1,781. Taking the last report of the Commission (1892) and deducting the dismissals, so as to arrive at the actual number of insane in the different institutions, both public and private, near the close of the year 1892, the total is 2,045. Of this number, about 473 are in the county asylums and almshouses. In the two institutions supported by the State and city there are 797. At Mount Hope, there are 242 patients supported by the city and State. In round numbers, then, there are, or were at the close of last year, about 1,600 insane supported by the State, both city and counties. Of the four or five hundred private patients nothing need be said. Their means enable them to select their place of treatment, and we have no right to interfere. The Lunacy Commission is intrusted with the duty of seeing that they are properly taken care of and not improperly restrained or illegally detained in the asylum. It is with the remaining 1,600 that

we have to do—the so-called “pauper insane.” We are much too apt to look upon the unfortunate inmates of our State or county asylums as members of the great and increasing family of paupers.

A moment's consideration will show that a large proportion of the insane, supported by the State, while perhaps technically paupers, really do not belong to this class, any more than do the cases that fill up the accident wards of our general hospitals. The nature of the disease of the insane patient renders his treatment at home impossible; the duration of his disease makes it equally impossible for his family, if he belongs to the laboring class, to pay the lowest rates of the asylum.

If the mechanic, earning his two dollars or three dollars a day, becomes the victim of some incurable malady (phthisis for example) he is generally cared for at his home, the wife and children contributing to his support. If this same man becomes insane, it is impossible for his family to take care of him, nor can they afford to pay the lowest rate, say five dollars a week, at the asylum. And, more than this, the man is dangerous to the community, and the laws of the State require that he be confined. Clearly, then, the inmates of our asylums are not to be classed as ordinary paupers, although they are cared for at public expense. If, now, this proposition be true, and it hardly seems likely that it will be questioned, it must follow that



the State is in some sense obligated to provide better accommodation for the insane than for the pauper class. Again, while a certain proportion of the insane, the hopelessly chronic class, require merely humane supervision, a very considerable number imperatively demand careful and special medical attention. The management and treatment of the insane, whether acute or chronic, is a very different thing to-day from what it was fifty years ago. The number has increased out of proportion to the increase of the population, and an advanced civilization demands more scientific, more humane methods of dealing with this unfortunate class. The expression usually employed when speaking of the insane "care and treatment" is a particularly felicitous one, for it implies a separation into two classes—one requiring care, the other treatment.

In regard to the first class, the chronic insane, their time of probation has expired; nothing, or at least very little can be hoped for from treatment, so far as their disease is concerned, and they have simply to be provided for.

Humanity demands that their deplorable existence be rendered as comfortable as possible. The State requires their maintenance to be as economical as possible. Careful series of experiments have made these two things compatible. Among the chronic insane there are many classes, ranging from the terminal dement, in whom the last ray



of intelligence has faded, whose habits are filthy, who is many degrees lower than the brute—up to the paranoiac, whose mind is clear on all subjects save one. It would be manifestly improper to put these two classes together, hence there must be an intelligent classification of the chronic insane, and there must be space enough afforded to carry out, as far as necessary, this classification. The wants of the inmates must be attended to by a sufficient number of attendants, and the general management must be in the hands of a competent medical man. On the economic side, there should be a farm large enough to supply the needs of the institution, and at the same time to utilize the work of those patients who are able to perform such labor. The second class, the acute cases, require something different. Here all energies are bent upon curing the patient. Classification of the patients is of even greater importance than in the case of the chronic insane. For the proper treatment of the acute insane, there must be a thoroughly equipped modern hospital, arrangements for electrical and hydrotherapeutic treatment, a full complement of well trained nurses and attendants, a gymnasium, provision for a great variety of amusements, such as billiard tables, tennis courts and the like. These are some of the requirements of a modern asylum for the treatment of acute cases, and such an institution should be under the care

of a specialist, with a sufficient number of assistants to aid him in his work.

Now, if this brief outline of the management of the insane be admitted to be correct in its main feature, it must follow that the care and treatment of the insane should be undertaken by the State. The State should assume this obligation, first, because it would be greatly to the advantage of the unfortunate sufferers. This proposition is self-evident. No county, however prosperous (this refers to the State of Maryland), can afford a properly equipped institution and a sufficient medical staff. The county asylum may be reasonably comfortable, and the medical superintendent competent to manage it, but no county, in this State at least, is warranted in the expenditure of sufficient money to maintain a properly equipped modern asylum. In the second place, it will be found more economical in the long run for the State to care for the insane in the manner specified above. A properly equipped asylum, with a well trained medical superintendent who is not too greatly hampered by details of subsistence, will show a far higher percentage of cures than are ever obtained in the county almshouses or asylums, and while the cost of maintenance of the individual patient is greater, the duration of his stay in the asylum, and the much greater chance of cure, far over-balance the increased expenditure. For confirmation of some

of the statements made above, let us turn to our own statistics. In the State of Maryland there were, at the date of the last report of the Lunacy Commission, nearly five hundred insane in the county almshouses and asylums, and while, no doubt they are in most instances reasonably comfortable, still there can be no question but that under State care both the unfortunate patients and the counties would be gainers. In some cases the accommodations for the insane, in the counties, judging from the report of the Lunacy Commission, are entirely inadequate, and in a few instances disgraceful. Take, for example, the following quotations from the above mentioned report for 1892: "Poorly attended, and in some instances much in need of bedroom comforts." "The two wards for the colored poor uncleanly and without necessary bed comforts." "The interior of the buildings were found very untidy and some of the rooms, as well as their occupants, were very dirty." "No improvements have been made at this old dilapidated almshouse." "*Little attention is paid to the separation of the colored sexes, and the form of restraint (chains) is inhuman !*"

Shade of Pinel ! and this at the close of the 19th century ! Summing up our facts, we find that there are something like one thousand six hundred insane who are a charge upon the public. Of this number, above five hundred are cared for in the county

institutions, or about one-third of the whole number; and the remaining two-thirds, amounting to about one thousand one hundred at the last report, in the three institutions near the city—Spring Grove, Bay View, Mount Hope.

The provision for the insane in the county almshouses, judging from the report of the Lunacy Commission, is, to say the very least, inadequate. The two public asylums, Spring Grove and Bay View, have for some years past been greatly overcrowded, and their usefulness thereby much curtailed.

In view of these facts, the following suggestions are offered :

In the first place, the State should assume the entire care and control of all the public insane patients within her borders. The arguments put forth in the maintenance of this position have been already given at some length. In this State it would be a much easier matter for the State to assume the entire control of its insane than in some of the larger States, where the numbers of insane are far greater, and where the area is so much larger. It would be a comparatively easy thing for all the counties, with a very few exceptions, to send their insane to Baltimore. Granted that the State assume this responsibility, there should be a distinct separation into acute and chronic cases, and separate institutions for the reception of each class.

Spring Grove Asylum should be set apart for acute cases only. It is admirably adapted for this work, having an exceptionally fine location near the city, and being already equipped for hospital work. It can, or easily might be made, to accommodate all our acute cases for many years to come.

For the chronic insane the State should purchase a farm in some healthy locality, reasonably accessible, and should construct separate buildings as might be needed, or as it could afford. If it seemed advisable, an epileptic colony could be an adjunct to this chronic asylum. The farm should be large enough to supply in great part the needs of the institution. Only cases adjudged chronic should be admitted, and in a few years, after the system had become well established, all cases, practically, would have first passed through the asylum for the acute insane. These two institutions should contain all the insane for whose support the State is responsible.

The insane at Bay View Asylum should be removed, and the much needed room utilized for the proper work of the institution. Such, in brief and without detail, are the suggestions offered, and for them the claim is advanced that their adoption would greatly redound to the comfort of the unfortunate class of mentally diseased, and that in the long run the expense to the State would be less than under the present system.



The question of the necessary expense in the care of the insane is a very difficult one to discuss. On the one hand, a high rate may imply extravagance and misappropriation, and, on the other, a very low rate is suggestive of insufficient provision and unskillful treatment. The golden mean which we should ever strive after is to expend as much money upon the care of our insane as is consistent with the financial condition of the State, and see that this fund is judiciously applied.

In order to have no misunderstanding as to the transfer of patients from the acute to the chronic asylum, it would perhaps be advisable to have both institutions under the management of the same board of visitors, or at least to have certain members common to the two boards. Of course the decision of the transfer of a case from the acute to the chronic asylum should rest with the superintendent of the former institution.

Another suggestion while applying more to the city than to the State, might be mentioned here. There has long been a crying need for a detention hospital, or ward, where persons becoming suddenly insane, or those suspected of insanity, can be provided for until their cases are inquired into and commitment to asylum made out in due form. The general hospitals cannot take such cases, and these unfortunate persons are compelled to remain in the station-houses until their cases are disposed

of. Such a ward would be very useful for confining the cranks who amuse themselves by shooting presidents and mayors, or blowing up millionaires with dynamite. Many of these persons are well known to the police, but there is really no place to send them. It would be perfectly proper to commit such cases to the detention ward, where their condition could be studied and a proper disposition made of them. If such a ward, which need be of very moderate dimensions, were established in connection with one of our hospitals, the cost of maintaining it would be very small and its sphere of usefulness very great.

It may be objected that the somewhat crude suggestions here offered are too radical in their scope, perhaps too ideal, and that we ought to demand of our legislators something more moderate, something they would be likelier to grant. This objection, in my humble opinion, is not a valid one. The profession of the State, represented by this honorable body, is, or should be, the conservator of the public health; to it belongs the privilege, and upon it devolves the responsibility, of advising the best method of caring for those citizens who, through disease, have become the wards of the State.

It is for us to say in what manner the interests of this unfortunate and unhappy class will be best subserved; it is for those who manage the affairs

of our State and administer its finances, to say how far our suggestions are feasible. We should tell them what we think ought to be done, and let the responsibility of modifying the suggestions rest with them. As we all know, something must be done, and that speedily, to relieve our overcrowded asylums. Not only is the work of the asylums greatly hampered by the crowded state of their wards, but patients seeking admission have of necessity been turned away. In making any suggestions for additional accommodation for the insane in our State, we are acting for the future, and not merely for the present, and hence our views should be wide enough to take in several decades yet to come. With the rapid increase of the population, and the more than proportionate increase of the insane, with a higher civilization and a wider philanthropy, we should endeavor to do more for those who are to come than those who are gone have done for us. Let us so plan, so advise, that in the coming years those who take our places will say of us, "They builded better than they knew."

## ADDENDUM.

Dr. Preston, in his foregoing excellent paper, makes no mention of the labors of Miss Dix, the philanthropist, who was mainly instrumental in procuring the first appropriation of five thousand dollars to lay the foundation of Spring Grove Asylum. Dr. Richard Sprigg Steuart had raised fourteen thousand dollars by subscription among his friends (himself heading the list with one thousand dollars), to purchase the land on which the Asylum was erected. (Additional land has been purchased since). Miss Dix spent the whole winter of 1852 at Annapolis. She interviewed and plead with every member of the Legislature, and finally secured the small appropriation already mentioned. Twenty years afterwards, (she in the meantime having gone to her reward), the Asylum was first opened for the reception of patients. Dr. W. W. Duvall, of Prince George's, and the writer, are the only surviving medical men of the Legislature of 1852 and 1853.

JOHN MORRIS.